Notice of Dissolution



FORM		(Rev. 07:03)
	DR-3	
	NOTICE OF	
	DISSOLUTION	
For Office U	se Only	
Comm.#		
Incexed		***************************************
Audited		
Computer		
Certified Date	of Dissolution	

COMMITTEE NAME

Koffet Sor Council Official Name of Committee		
124N Cill rge		
Codor Falls JA 506/3 City, State, Zip Code		
City, State, Zip Code		
319 266912 9 Arekr Telephone Code		

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

- 1. All debts, loans and obligations have been paid or transferred;
- All campaign funds have been spent;
 All campaign property sold or transferred (candidates only); and
 A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC) Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM This form is not applicable to statutory political committees.